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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **140566** **(1)**

1. Corporation Name
EMBASSY CORPORATION

Principal Place of Business	Mailing Address
2 FOUR ARTS PLZ PALM BEACH FL 33480 US	2 FOUR ARTS PLZ PALM BEACH FL 33480-4102 US

3. Date Incorporated or Qualified: **05/02/1941**
3a. Date of Last Report: **03/06/1996**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-0294178** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAFRIN, ROBERT W.
2 FOUR ARTS PLZ
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DIXION, EUGENE F. JR		1.2 NAME		
STREET ADDRESS	320 EL VEDADO ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, HOLLIS M.		2.2 NAME		
STREET ADDRESS	185 WOODRIDGE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REYNOLDS, WILEY R.		3.2 NAME		
STREET ADDRESS	291 EL VEDADO ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SAFRIN, ROBERT W		4.2 NAME		
STREET ADDRESS	2 FOUR ARTS PLAZA		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEAHC FL		4.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCINTOSH, HENRY P		5.2 NAME		
STREET ADDRESS	124 VIA BETHESDA		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		5.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GUBELMANN, WILLIAM		6.2 NAME		
STREET ADDRESS	235 S COUNTY RD ROOM 4		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **2/3/97** **561-655-7227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #